



TOWN OF BERKLEY

MASSACHUSETTS

BOARD OF SELECTMEN

One North Main Street 02779

Office: 508-824-6794

Fax: 508-822-4603

E-mail: Selectmen.Clerk@BerkleyMa.us

COMMON USE QUESTIONNAIRE

Date(s) Requested: _____ Hours: _____ Rain Date: _____

Name of event: _____

Nature & purpose of the event: _____

Sponsor: _____

Contact person: _____ Phone: _____

Address: _____

Email: _____

Event location on the Common: _____

Where will vehicles park? _____

Where will temporary shelters be? _____

Where will fencing be erected? _____

*Temporary structures, fencing, or signs must be approved by the Board of Selectmen prior to approval of use.

Closing of any streets? _____

**If it is the intention of the Organization to have any of the streets closed off, a notarized agreement indemnifying and saving the Town of Berkley harmless in the event of fire, police or medical emergency and in accordance with Article 9, Section 1 of the Town Bylaws must accompany this request. Additional approvals will also be required

Continued on page 2

COMMON USE QUESTIONNAIRE cont.

SPECIFY DATES & TIMES: _____

Are you serving **FOOD or DRINK**? YES* / NO _____

*If so, you need to speak to the Board of Health for approval – call 508-822-7828

Will **ELECTRICITY or WATER** be required? YES* / NO

*If electricity is needed, a fee must be paid to the Town. Depending on your estimated electricity usage, the Selectmen will specify the fee to be paid to the Town of Berkley. Please send a check to the Selectmen's Office made out to Town of Berkley prior to the event.

What do you intend to use for public bathroom facilities? _____

_____ **PORTA POTTIES:** You understand that porta potties are to be provided by event sponsor. Old Town Hall facilities
Initial here cannot be used due to low capacity.

_____ The **sponsor** is responsible for common cleanup after the event.
Initial here

_____ **THE SPONSOR IS RESPONSIBLE FOR DAMAGE TO THE COMMON GROUNDS, TREES,
Initial here** STRUCTURES, ETC.

_____ *CURRENT CERTIFICATE OF INSURANCE MUST BE PROVIDED, IF APPLICABLE.*
Initial here

_____ Date: _____
SIGNATURE OF SPONSOR REPRESENTATIVE

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****Office Use Only****

Amount of escrow deposit required if any: \$ _____

Details Required if any:

Police Detail _____

Fire Detail _____

_____ Date: _____
Approved or Denied